

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP's research approach to identifying evidence-based programs and policies has three main steps. First, we determine "what works" (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our [Technical Documentation](#).

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

### Health Care

Program name	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
<b>Obesity and Diabetes</b>								
Lifestyle interventions to prevent diabetes: Long-term, intensive, individual counseling programs	Feb. 2017	\$36,463	\$10,598	\$25,865	(\$4,456)	\$32,007	\$8.18	100%
Lifestyle interventions to prevent diabetes: Shorter-term programs with group-based counseling	Feb. 2017	\$21,958	\$6,198	\$15,760	(\$525)	\$21,433	\$41.79	78%
Behavioral interventions to reduce obesity for adults: High-intensity, in-person programs	Dec. 2014	\$2,458	\$680	\$1,778	(\$735)	\$1,723	\$3.34	61%
Behavioral interventions to reduce obesity for adults: Remotely-delivered programs	Dec. 2014	\$852	\$218	\$634	(\$112)	\$740	\$7.61	55%
Behavioral interventions to reduce obesity for children: Remotely-delivered programs	Dec. 2014	\$24	\$15	\$9	(\$76)	(\$52)	\$0.32	49%
Behavioral interventions to reduce obesity for adults: Low-intensity, in-person programs	Dec. 2014	\$154	\$63	\$91	(\$217)	(\$63)	\$0.71	49%
Behavioral interventions to reduce obesity for children: Low-intensity, in-person programs	Dec. 2014	(\$38)	\$14	(\$52)	(\$193)	(\$232)	(\$0.20)	46%
Behavioral interventions to reduce obesity for children: Moderate- to high-intensity, face-to-face programs	Dec. 2014	(\$34)	\$40	(\$73)	(\$392)	(\$425)	(\$0.09)	43%
<b>Health Care System Efficiency</b>								
Transitional care programs to prevent hospital readmissions: Comprehensive programs	Dec. 2014	\$2,081	\$920	\$1,161	(\$493)	\$1,588	\$4.22	66%
Transitional care programs to prevent hospital readmissions: All programs, general patient populations	Dec. 2014	\$479	\$201	\$277	(\$61)	\$418	\$7.86	64%
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (high-risk populations)	Dec. 2016	\$320	\$159	\$161	(\$98)	\$222	\$3.27	49%
Patient-centered medical homes in physician-led practices with utilization or cost incentives (high-risk populations)	Dec. 2016	\$246	\$145	\$101	(\$183)	\$63	\$1.35	43%
Interventions to reduce unnecessary emergency department visits: General education on appropriate ED use	Dec. 2014	\$15	\$6	\$9	(\$9)	\$6	\$1.63	50%
Patient-centered medical homes in physician-led practices without explicit utilization or cost incentives (general population)	Dec. 2016	\$44	\$40	\$4	(\$98)	(\$53)	\$0.45	35%
Interventions to reduce unnecessary emergency department visits: Asthma self-management education for children	Dec. 2014	(\$5)	\$12	(\$16)	(\$92)	(\$96)	(\$0.05)	45%
Patient-centered medical homes in physician-led practices with utilization or cost incentives (general population)	Dec. 2016	\$60	\$65	(\$5)	(\$183)	(\$123)	\$0.33	32%
Interventions to reduce unnecessary emergency department visits: Intensive case management for frequent ED users	Dec. 2014	\$9,611	\$5,623	\$3,988	(\$11,300)	(\$1,689)	\$0.85	43%
<b>Maternal and Infant Health</b>								
Other prenatal home visiting programs	Dec. 2016	\$13,675	\$881	\$12,794	(\$817)	\$12,858	\$16.74	100%

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Smoking cessation programs for pregnant women: Contingency management	Dec. 2016	\$11,670	\$1,128	\$10,543	(\$247)	\$11,424	\$47.33	98%
Enhanced prenatal care programs delivered through Medicaid	Dec. 2016	\$7,453	\$972	\$6,481	(\$488)	\$6,964	\$15.26	98%
Group prenatal care (compared to standard prenatal care)	Dec. 2016	\$3,204	\$212	\$2,992	\$1,292	\$4,495	n/a	94%
Smoking cessation programs for pregnant women: Nicotine replacement treatment	Dec. 2016	\$3,975	\$366	\$3,610	(\$137)	\$3,838	\$29.05	75%
Non-Medicaid enhanced prenatal care programs for adolescents	Dec. 2016	\$3,526	\$739	\$2,787	(\$603)	\$2,923	\$5.85	72%
Smoking cessation programs for pregnant women: Intensive behavioral interventions	Dec. 2016	\$2,667	\$240	\$2,427	(\$112)	\$2,555	\$23.91	90%
Resource Mothers Program	Dec. 2016	\$2,326	\$410	\$1,916	(\$844)	\$1,482	\$2.76	84%
Cesarean section reduction programs: Multi-faceted hospital-based interventions (Medicaid population)	Nov. 2015	\$323	\$229	\$94	(\$40)	\$283	\$7.98	100%
Cesarean section reduction programs: Multi-faceted hospital-based interventions (private pay population)	Nov. 2015	\$306	\$0	\$306	(\$40)	\$265	\$7.56	100%
Cesarean section reduction programs: Audit and feedback (Medicaid population)	Nov. 2015	\$195	\$141	\$54	(\$32)	\$162	\$6.01	84%
Cesarean section reduction programs: Audit and feedback (private pay population)	Nov. 2015	\$183	\$0	\$183	(\$32)	\$150	\$5.64	83%
Cesarean section reduction programs: Mandatory second opinion (Medicaid population)	Nov. 2015	\$166	\$141	\$25	(\$91)	\$76	\$1.84	100%
Cesarean section reduction programs: Mandatory second opinion (private pay population)	Nov. 2015	\$155	\$0	\$155	(\$91)	\$64	\$1.70	97%
Cesarean section reduction programs: Continuous support (Medicaid population)	Nov. 2015	(\$13)	\$94	(\$107)	(\$307)	(\$320)	(\$0.04)	1%
Cesarean section reduction programs: Continuous support (private pay population)	Nov. 2015	(\$21)	\$0	(\$21)	(\$307)	(\$328)	(\$0.07)	1%
Interventions to prevent excessive gestational weight gain (population with obesity-related risk factors)	Dec. 2016	(\$823)	(\$257)	(\$566)	(\$238)	(\$1,062)	(\$3.45)	46%
Interventions to prevent excessive gestational weight gain (general population)	Dec. 2016	(\$1,142)	\$125	(\$1,267)	(\$217)	(\$1,359)	(\$5.27)	34%
<b>Falls Prevention for Older Adults</b>								
Multicomponent interventions including exercise and home hazard reduction (high-risk population)	Jan. 2018	\$9,669	\$1,290	\$8,379	(\$1,144)	\$8,525	\$8.45	100%
Otago Exercise Program (high-risk population)	Jan. 2018	\$7,190	\$956	\$6,234	(\$804)	\$6,386	\$8.94	97%
Home hazard reduction (high-risk population)	Oct. 2017	\$4,142	\$709	\$3,433	(\$375)	\$3,767	\$11.04	100%
Otago Exercise Program (general population)	Jan. 2018	\$4,237	\$579	\$3,658	(\$740)	\$3,498	\$5.73	100%
Group exercise classes (high-risk population)	Feb. 2018	\$3,473	\$607	\$2,866	(\$408)	\$3,066	\$8.52	73%
Individual exercise programs (high-risk population)	Feb. 2018	\$3,188	\$413	\$2,775	(\$684)	\$2,504	\$4.66	75%
Group exercise classes for osteoporosis/osteopenia	Jan. 2018	\$783	\$177	\$606	(\$350)	\$433	\$2.23	79%
Multifactorial programs: physician-led (high-risk population)	Nov. 2017	\$2,191	\$557	\$1,634	(\$1,779)	\$412	\$1.23	63%
Multicomponent interventions including exercise and home hazard reduction (general population)	Jan. 2018	\$803	\$164	\$639	(\$394)	\$409	\$2.04	88%
Tai Chi (high-risk population)	Jan. 2018	\$638	\$139	\$499	(\$261)	\$377	\$2.45	56%
Tai Chi (general population)	Jan. 2018	\$619	\$150	\$469	(\$394)	\$225	\$1.57	79%
Group exercise classes (general population)	Feb. 2018	\$201	\$53	\$148	(\$156)	\$45	\$1.29	59%
Individual exercise programs (general population)	Feb. 2018	\$327	\$93	\$235	(\$315)	\$13	\$1.04	50%
Cognitive behavioral interventions (general population)	Feb. 2018	\$329	\$86	\$242	(\$346)	(\$17)	\$0.95	44%
Multifactorial interventions: nurse-led (general population)	Nov. 2017	\$542	\$153	\$388	(\$786)	(\$244)	\$0.69	20%
Home hazard reduction (general population)	Oct. 2017	(\$86)	\$1	(\$87)	(\$185)	(\$271)	(\$0.46)	17%
Multicomponent interventions including group exercise and vitamin D supplementation (high-risk population)	Jan. 2018	(\$634)	\$12	(\$646)	(\$1,378)	(\$2,012)	(\$0.46)	23%
Multifactorial interventions: nurse-led (high-risk population)	Nov. 2017	(\$5,798)	(\$689)	(\$5,109)	(\$662)	(\$6,460)	(\$8.76)	0%

## Other Health Care topics reviewed:

Program name	Date of last literature review	Notes
Accountable Care Organizations: (a) Alternative Quality Contract	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (b) Medicare Physician Group Practice Demonstration (PGPD)	Nov. 2015	Click for meta-analytic results
Accountable Care Organizations: (c) Medicare Pioneer ACOs	Nov. 2015	Click for meta-analytic results
Cost sharing: (a) High-Deductible Health Plans (moderate to high deductibles, with and without HRAs or HSAs), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (b) High-Deductible Health Plans (moderate to high deductible levels, with or without HSAs), low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (c) High-Deductible Health Plans with moderate deductibles (individual < \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (d) High-Deductible Health Plans with higher deductibles (individual > \$1000), general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (e) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HRA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (f) High-Deductible Health Plans with higher deductibles (individual > \$1000) and HSA accounts, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (g) Coinsurance (25% rate or higher) versus no cost sharing, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (h) Copay increases across multiple services, low-income population	Nov. 2015	Click for meta-analytic results
Cost sharing: (i) Copay increases across multiple services, low-income and chronically-ill population	Nov. 2015	Click for meta-analytic results
Cost sharing: (j) Emergency department copays, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (k) Emergency department copays, low-income patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (l) Copays for nonemergent emergency department visits, Medicaid adult population	Nov. 2015	Click for meta-analytic results
Cost sharing: (m) Copays for prescription drugs, general patient population	Nov. 2015	Click for meta-analytic results
Cost sharing: (n) Copays for prescription drugs, adults with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (o) Copay reductions for prescription drugs used to treat chronic conditions (Value Based Insurance Design), adults with chronic illnesses	Nov. 2015	Click for meta-analytic results
Cost sharing: (p) Copays for prescription drugs, low-income children (CHIP)	Nov. 2015	Click for meta-analytic results
Cost sharing: (q) Copays for prescription drugs, low-income children (CHIP) with a chronic illness	Nov. 2015	Click for meta-analytic results
Cost sharing: (r) Copays for prescription drugs, Medicare beneficiaries	Nov. 2015	Click for meta-analytic results
Falls prevention: Individual exercise programs for osteoporosis/osteopenia	Jan. 2018	Click for meta-analytic results
Long-acting reversible contraception (compared to short-acting reversible contraception)	Sep. 2018	Click for meta-analytic results
Non-Medicaid enhanced prenatal care programs for African-American women	Dec. 2016	Click for meta-analytic results
Oral health: Fluoride varnish treatment for permanent teeth	Oct. 2014	Click for meta-analytic results
Oral health: Fluoride varnish treatment for primary teeth	Oct. 2014	Click for meta-analytic results
Oral health: Resin sealants for molars	Oct. 2014	Click for meta-analytic results
Patient-centered medical homes in integrated health systems (high-risk population)	Dec. 2016	Click for meta-analytic results
Smoking cessation programs for pregnant women: Postpartum smoking relapse prevention	Dec. 2016	Click for meta-analytic results
Transitional care programs to prevent hospital readmissions: Brief phone follow-up only	Dec. 2014	Click for meta-analytic results
Chronic Care Model (CCM) interventions	Dec. 2016	No rigorous evaluation measuring outcome of interest.
Oral health: Mid-level dental care providers	Oct. 2014	No rigorous evaluation measuring outcome of interest.
Oral health: Preventive dental visits	Oct. 2014	No rigorous evaluation measuring outcome of interest.

Prenatal depression screening	Dec. 2016	No rigorous evaluation measuring outcome of interest.
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## Washington State Institute for Public Policy

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